

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	A.T. Yaung	Examiner	Lilian Vo
Serial No.	09/918,185	Group Art Unit	2127
Filed	July 30, 2001	Docket No.	STL920000090US1
TITLE	METHOD, SYSTEM, AND PROGRAM FOR ENABLING ACCESS TO A PLURALITY OF SERVICES		

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 15, 2005.

David W. Victor

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

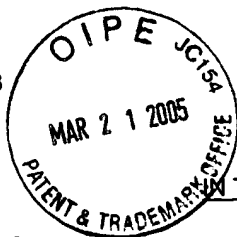
Dear Sir:

This amendment is submitted in response to a non-final office action in the above case dated December 15, 2004 ("Office Action") in which the Examiner rejected the claims as indefinite (35 U.S.C. §112, par. 2) and obvious (35 U.S.C. §103) over cited art. Applicants have amended certain claims and submit that all pending claims 1-48 are patentable over the cited art and in condition for allowance for the reasons discussed herein.

Amendments to the Specification begin on page 2.

Amendments to the Claims are reflected in the listing of claims which begins on page 4.

Remarks/Arguments begin on page 14.



STL 2127
PATENT
STL920000090US1
0055.0037

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

A.T. Yaung

Serial No.: 09/918,185

Filed: July 30, 2001

For: METHOD, SYSTEM, AND PROGRAM
FOR ENABLING ACCESS TO A
PLURALITY OF SERVICES

Examiner: Lilian Vo

Art Unit: 2127

Customer No.

47069

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith in the above-identified application is an:

☒ Amendment 19 pages.☒ Return Postcard.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	48	MINUS	48	=	0	x	\$0	OR	x 50	\$0
INDEP CLAIMS	3	MINUS	3	=	0	x	\$0	OR	x 200	\$0
_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$0	OR	+ 360	\$
					TOTAL		\$0	OR	TOTAL	\$ -0-

_____ Please charge Deposit Account No. 09-0460 the amount of \$_____ to cover the extension fee and also the amount of \$_____ to cover the claim fee. A duplicate copy of this sheet is enclosed.

_____ A check in the amount of \$_____ to cover the extension fee is enclosed.

_____ A check in the amount of \$_____ to cover the filing fee is enclosed.

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.09-0460. A duplicate of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: March 15, 2005

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David W. Victor

Date

3/15/05